

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 04, 2009
Secretary of State**

DOCUMENT# L88940

Entity Name: BIG APPLE DEMOLITION REMOVAL, INC.

Current Principal Place of Business:

4701 NW 35TH AVE
MIAMI, FL 33142 US

New Principal Place of Business:

Current Mailing Address:

4701 NW 35TH AVE
MIAMI, FL 33142 US

New Mailing Address:

FEI Number: 65-0209277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAROZA, ROBERTO
16280 NW 9TH DRIVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: SAROZA, ROBERT
Address: 16280 NW 9TH DRIVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP/D (X) Delete
Name: SAROZA, ROBERT, JR.
Address: 4701 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

Title: VP/D () Delete
Name: DAMASO, EILEEN
Address: 4701 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

Title: VP/D () Delete
Name: ADAMS, MICHAEL
Address: 4701 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

Title: VP/D () Delete
Name: SAROZA, MARTHA
Address: 4701 NW 35 AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN DAMASO

VP

06/04/2009

Electronic Signature of Signing Officer or Director

Date